## CITY CLERK

\$8,000.00

## **RESOLUTION 19, 2020**

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF TERRE HAUTE, INDIANA:

WHEREAS, There are insufficient funds in a certain account of the City Clerk's Office budget to meet current and anticipated expenditures within said Department, and;

Emp. Group Health

WHEREAS, There are surplus funds in another account of the same budget, said Accounts being within the appropriation heretofore made for the use of said Department.

BE IT THEREFORE RESOLVED: That the following transfers be made in the Accounts heretofore appropriated for the use of said Department:

FROM: #0101-0004-01-413030

THOM	1. 110101 0001 01 115050	Emp. Group Heaten	φο,000.00
TO:	#0101-0002-01-413030	Emp. Group Health	\$5,000.00
TO:	#0101-0002-01-412015	Deputy Clerks	\$3,000.00
FROM	<b>I</b> : #0101-0004-03-432080	Legal Services	\$3.000.00
TO:	#0101-0002-03-434010	Printing	\$2,200.00
TO:	#0101-0002-04-444010	Purchase of Equip	\$ 800.00
ТОТА	L		\$11,000.00
Introduced by: Delle Bout O. Earl Elliott, Councilman  Passed in open Council this 10 TN day of DECENBER , 2020.			
George Azar, President  ATTEST: Muchelle L. Edwards, City Clerk			
Presented by me to the Mayor this 11TH day of DECEMBER, 2020.  Michelle L. Edwards, City Clerk			
Y Me	hell Lldwa	Michelle L. E	dwards, City Clerk
Approved by n		DECEMBER	
		Duke A	A. Bennett, Mayor
ATTEST: 4	Nichelle Llo	Michelle L. Ed	dwards, City Clerk

## REQUEST FOR TRANSFER OF BUDGETED FUNDS

(For Approval by Mayor, Controller, and City Council)

This form is to be used when the requested transfer is between two major classifications. DEPARTMENT or FUND: General Fund (0101) DATE: 11/19/20 Account Name Account # Amount FROM: 0004-01-413030 Employer Group Health 8,000.00 TO: 0002-01-413030 Employer Group Health 5,000.00 TO: 0002-01-412015 Deputy Clerks 3,000.00 FROM: 0004-03-432080 Legal Services 3,000.00 TO: 0002-03-434010 Printing 2,200.00 TO: 0002-04-444010 Purchase of Equipment 00.008 Total Amount to Be Transferred \$ 11,000.00 Department Head Approval: Date: (Forward to Mayor) Signature Mayoral Approval: Date: Signature (Forward to Controller) Date: Controller Approval: (Forward to the Legal Department) Received by Legal: Resolution # Date

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include the specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.